


**Electronic Filing System (EFS) Data**  
**Electronic Patent Application Submission**  
**USPTO Use Only**

EFS ID:	53708	
Application ID:	10707818	
Title of Invention:	Articulated Neural Electrode Assembly	
First Named Inventor:	Corrinne Stern	
Domestic/Foreign Application:	Domestic Application	
Filing Date:	2004-01-14	
Effective Receipt Date:	2004-01-14	
Submission Type:	Utility Patent Filing	
Filing Type:	new-utility	
Confirmation number:	1817	
Attorney Docket Number:	2003.15	
Total Fees Authorized:	425.0	
Payment Category:	Deposit Account	
Deposit Account Number:	37905	
Deposit Account Name:	Leif R. Sloan	
Access Code:	****	
RAM Payment Status:	RAM has been failed because: Selected Deposit Account identifier is not found.	

Digital Certificate Holder: cn=Sonya Corlette Harris,ou=Registered Attorneys,ou=Patent and Trademark Office,ou=Department of Commerce,o=U.S. Government,c=US  
Certificate Message Digest: 3afefd53d640d1ab555815889f8d81b0f3724751

**FEE TRANSMITTAL**

Electronic Version v08

Stylesheet Version v08.0

**Title of  
Invention**

Articulated Neural Electrode Assembly

Application Number:

Date:

First Named Applicant: Corrinne Stern

Attorney Docket Number: 2003.15

**TOTAL FEE AUTHORIZED \$425**

Patent fees are subject to annual revisions on or about October 1st of each year.

Filing as small entity

**BASIC FILING FEE**

Fee Description	Fee Code	Amount \$	Fee Paid \$
Utility Filing Fee	2001	385	385
Subtotal For Basic Filing Fee: \$385			

**EXTRA CLAIM FEES**

Fee Description	Extra Claims	Fee Code	Amount \$	Fee Paid \$
Total Claims: 1	0	2202	9	0
Independent Claims: 1	0	2201	43	0
Subtotal For Extra Claims Fees: \$ 0				

**ASSIGNMENT FEES**

Fee Description	Property Number	Quantity	Fee Code	Amount \$	Fee Paid \$
Recording Each Patent Assignment Per Property Fee	00000000	1	8021	40	40

Subtotal For Additional Fees: \$40

**AUTHORIZED BILLING INFORMATION**

The commissioner is hereby authorized to charge indicated fees and credit any overpayments to:

Deposit account number: ~~037905~~ 50-2854

Access Code \*\*\*\*

Deposit name: Northstar Neuroscience

Deposit authorized name: Leif R. Sloan

Signature: Leif R. Sloan

Date (YYYYMMDD): 2004-01-13

Charge Assignment Fees Required Under 37 C.F.R. Section 1.21 (h).